9STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

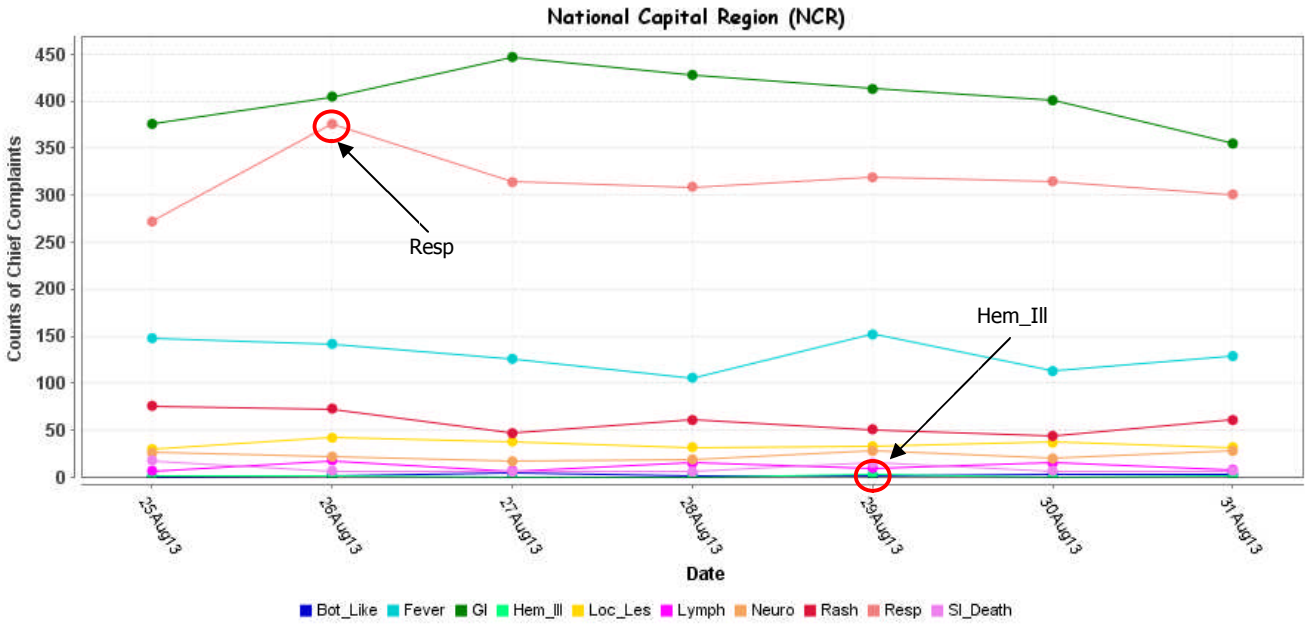
September 6, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:35
Reporting for the week ending 08/31/13 (MMWR Week #35)

CURRENT HOMELAND SECURITY THREAT LEVELS

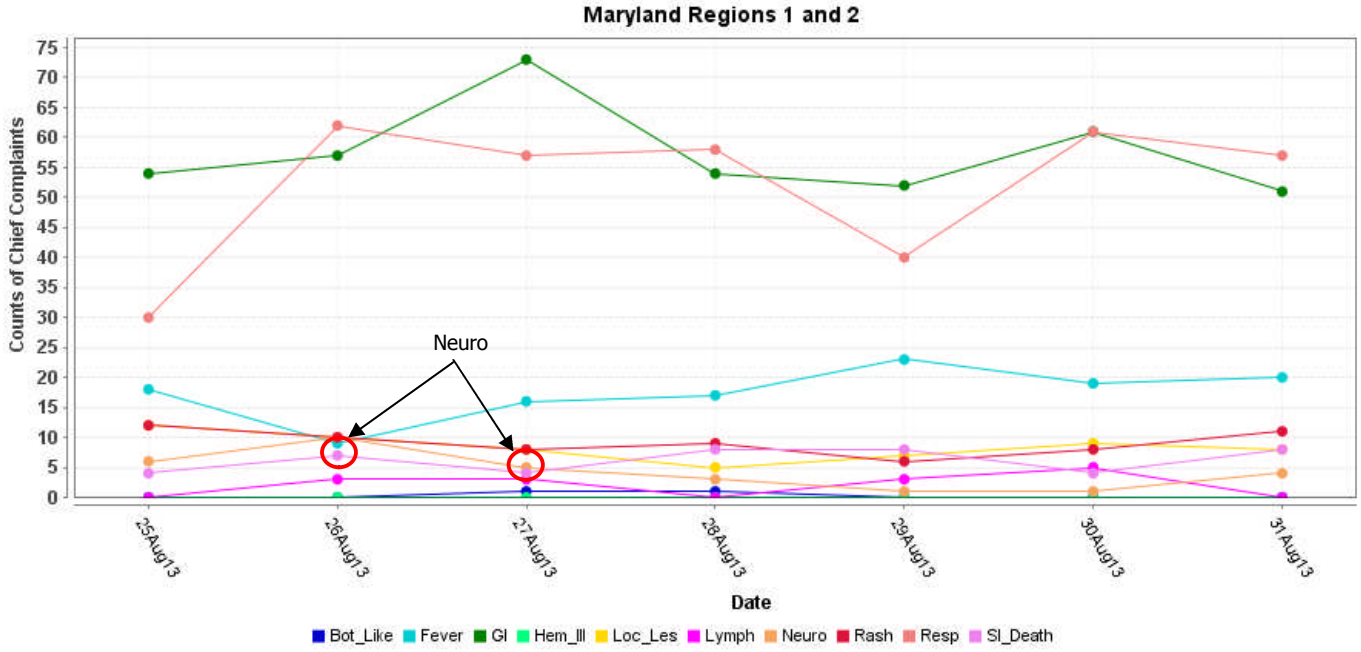
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

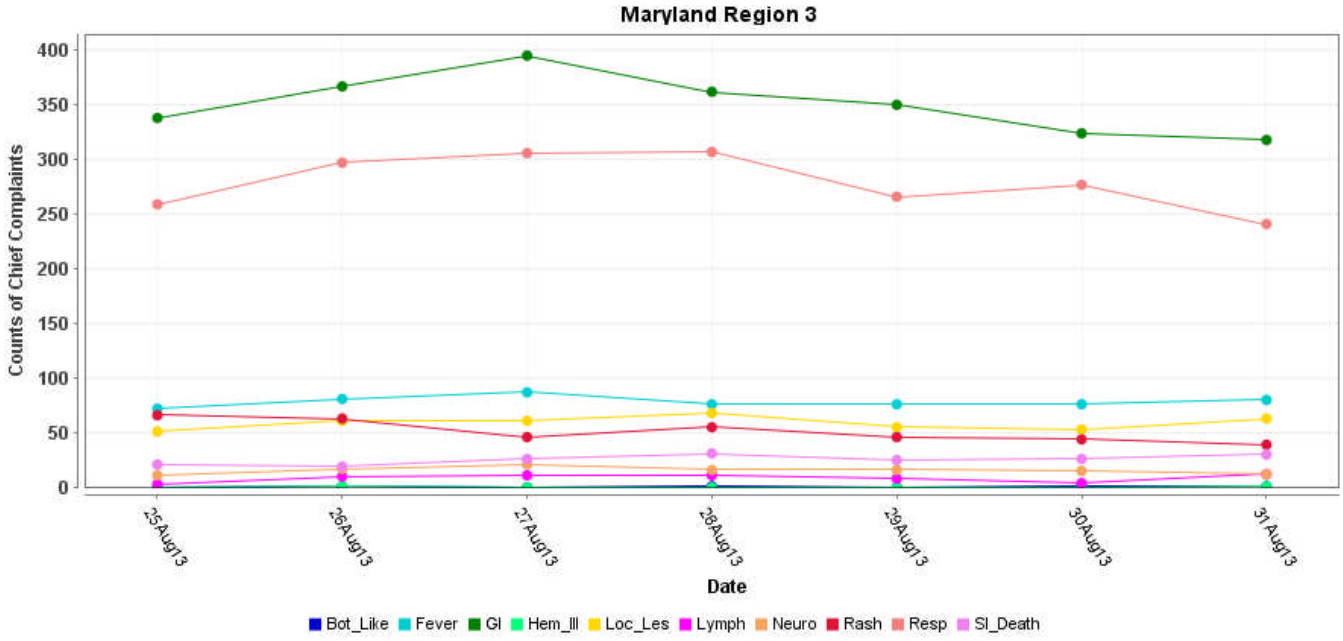


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

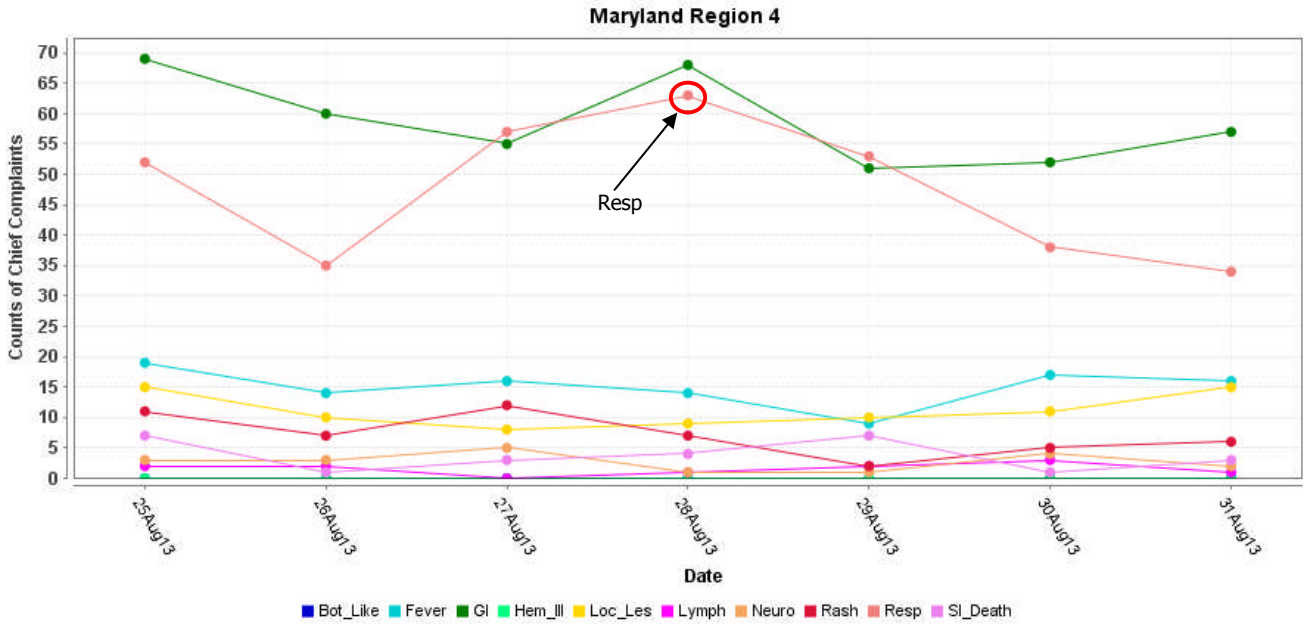
MARYLAND ESSENCE:



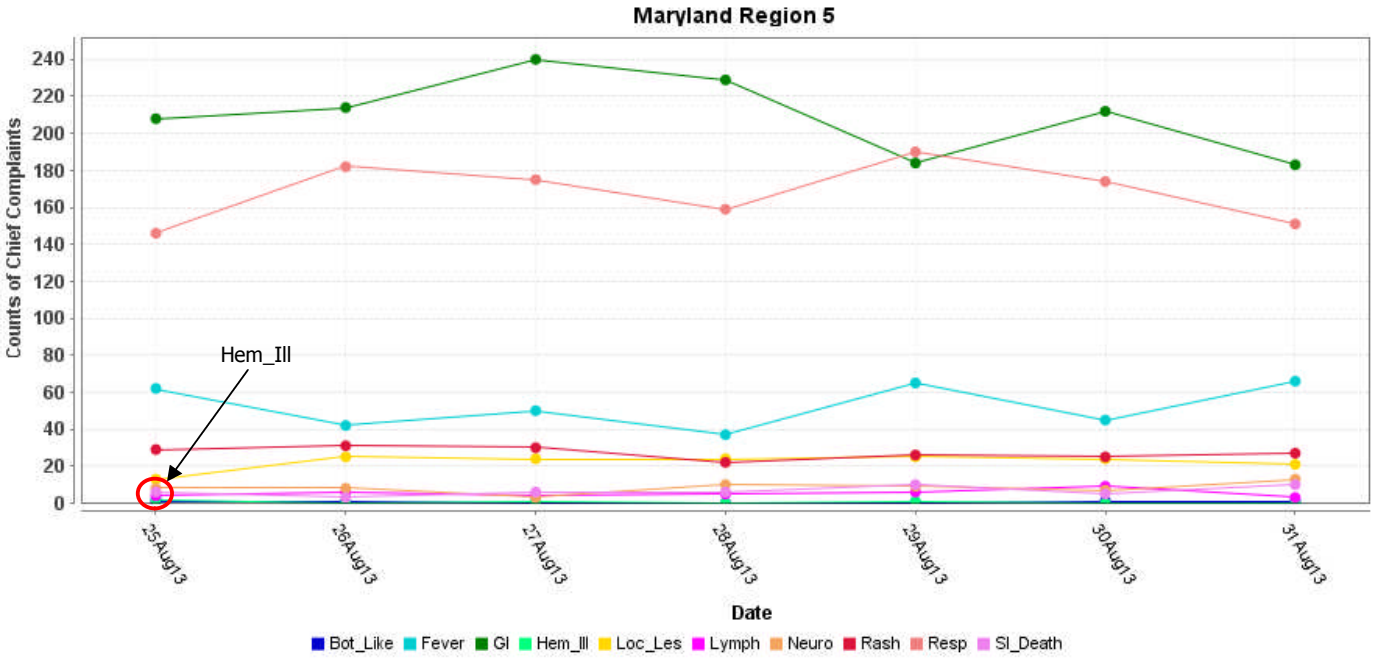
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



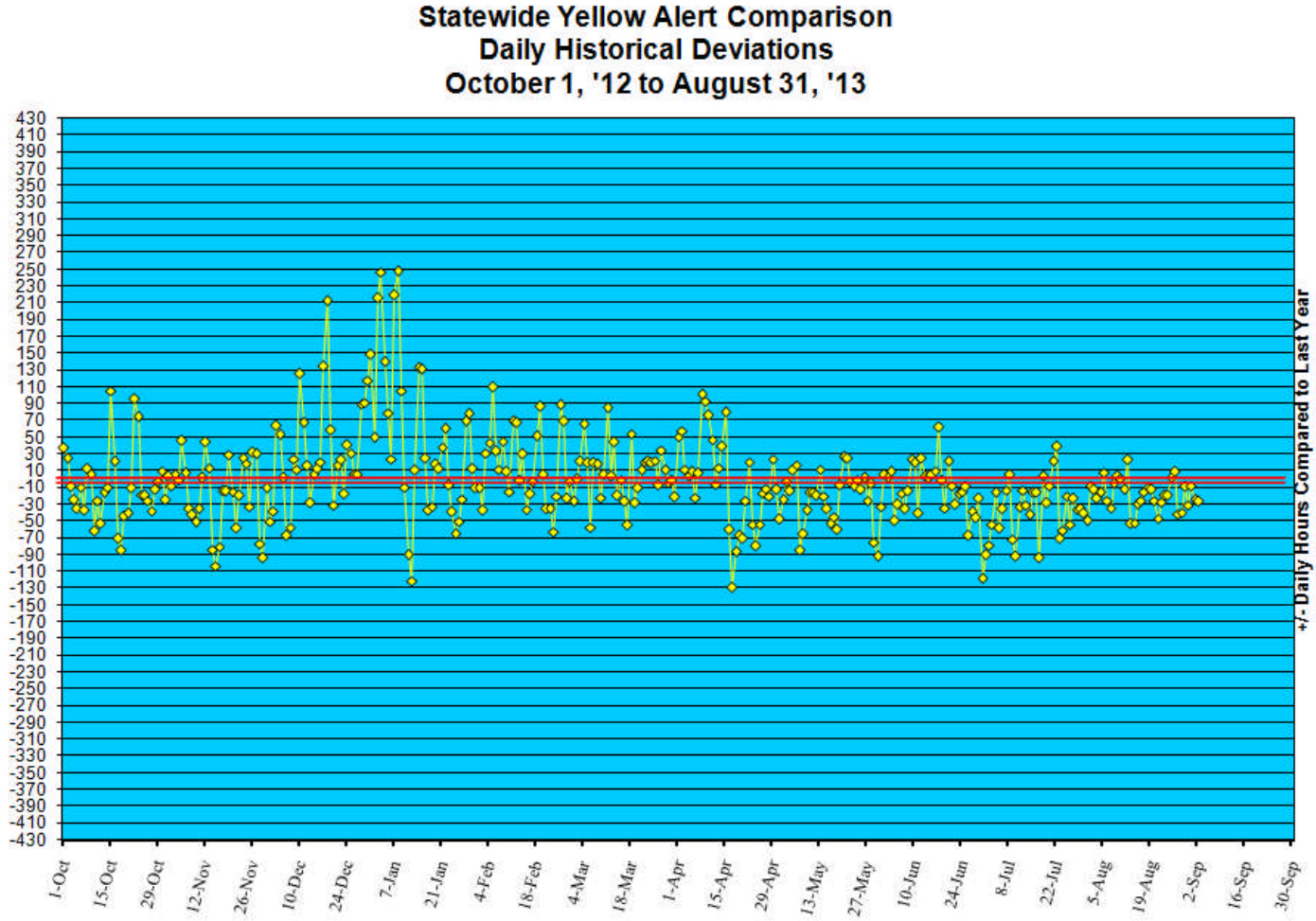
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (August 25 - August 31, 2013):	4	0
Prior week (August 18 - August 24, 2013):	6	0
Week#35, 2012 (August 27 – September 2, 2012):	11	0

2 outbreaks were reported to DHMH during MMWR Week 35 (August 25 – August 31, 2013)

1 Gastroenteritis Outbreak
1 outbreak of GASTROENTERITIS in an Assisted Living Facility

1 Foodborne Outbreak
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

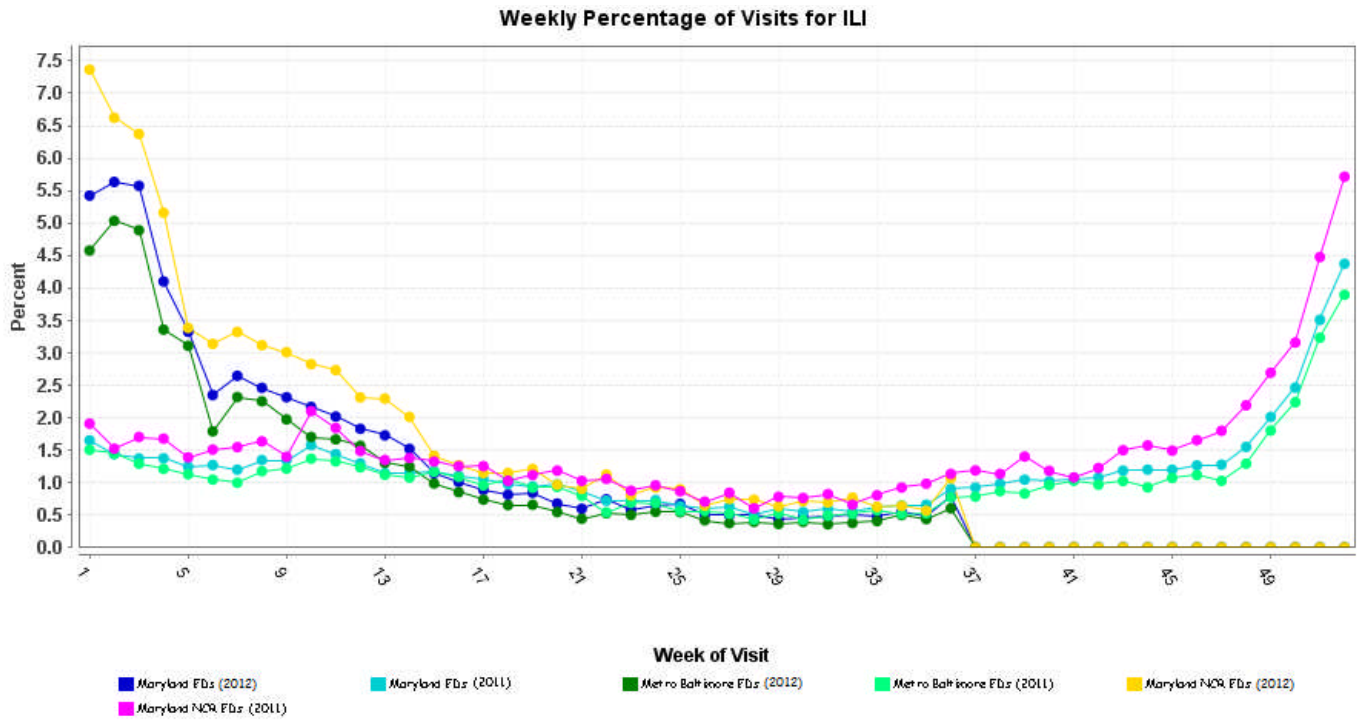
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

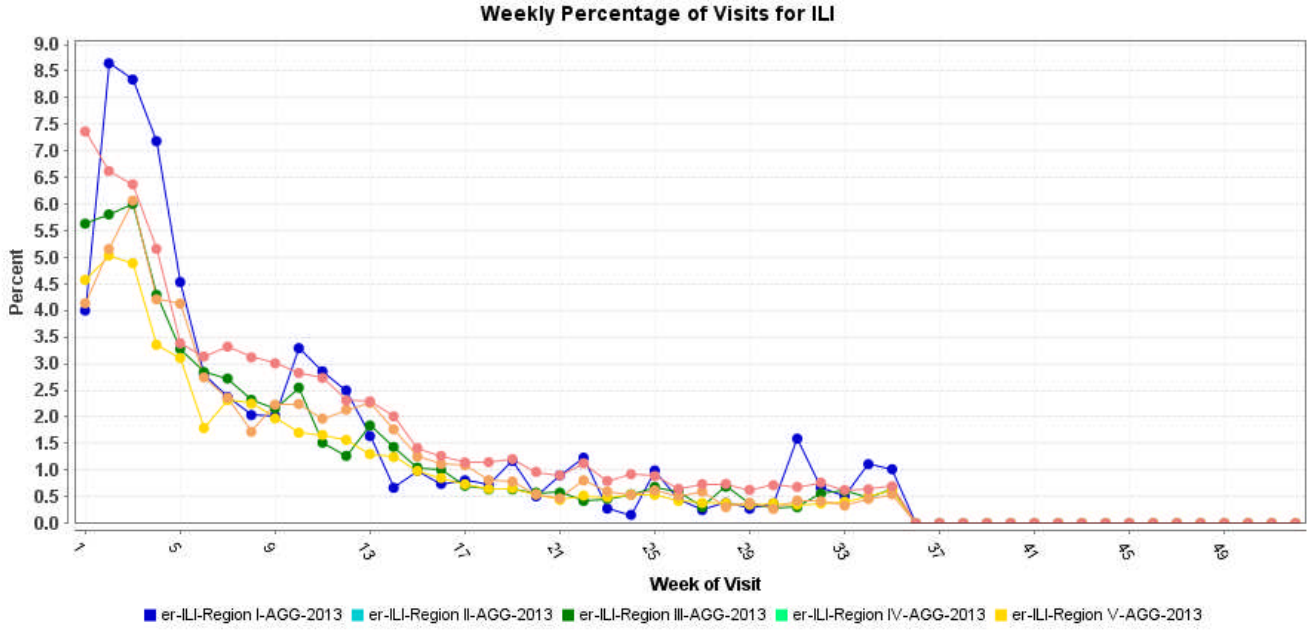
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



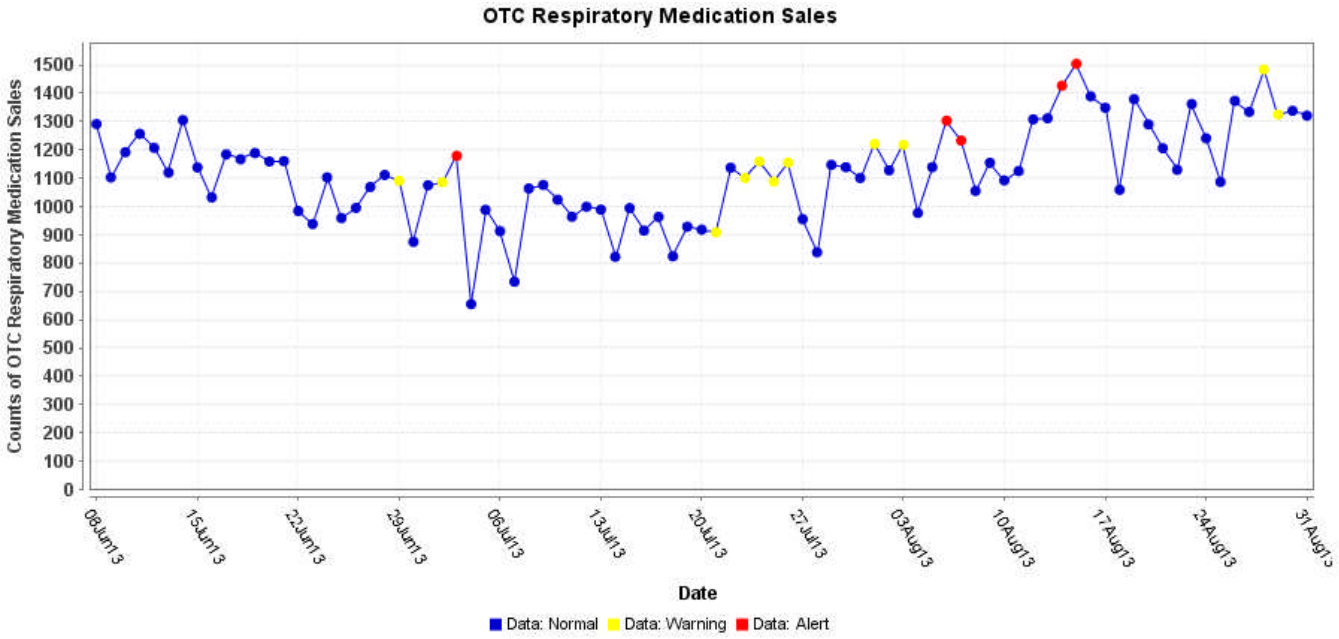
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 29, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 637, of which 378 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

HEPATITIS A (NEW HAMPSHIRE): 30 August 2013, New Hampshire health officials said a 2nd worker at a Contoocook restaurant has developed hepatitis A, and that 100 to 200 people might have been exposed to the infection. Public Health Director Dr. Jose Montero said Friday [30 Aug 2013] it's linked to a previous case of a bartender developing hepatitis A at the Covered Bridge Restaurant last month [July 2013]. Montero said the 2nd worker was at the restaurant on [13 Aug 2013] and [20 Aug 2013]. The Health Department recommends that anyone at the restaurant on [20 Aug 2013] should receive vaccine to protect themselves. Anyone at the restaurant on [13 Aug 2013] should be alert to potential symptoms, but it's too late for a vaccine to take effect. Hepatitis A can be spread when an infected person handles food without appropriate hand hygiene. Symptoms usually come on quickly and may include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine and jaundice. People who develop hepatitis A almost always recover without further complications. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CAMPYLOBACTERIOSIS (PENNSYLVANIA): 29 August 2013, During May 2013, the Pennsylvania Department of Health investigated an outbreak of campylobacteriosis among consumers of raw (unpasteurized) milk from a dairy certified by the Pennsylvania Department of Agriculture (PDA) to sell raw milk onsite, at retail stores, and at off-farm pick-up sites. Investigation by the Pennsylvania Department of Health and PDA identified 6 confirmed and 2 probable cases of campylobacteriosis associated with raw milk from the dairy. A confirmed case was defined as laboratory-confirmed campylobacteriosis in a person who drank the dairy's raw milk. A probable case was defined as diarrheal illness without laboratory confirmation in a person who had consumed the dairy's raw milk and was linked to a confirmed case; 4 cases involved children aged 18 years or less. PDA identified *Campylobacter* in bulk tank and retail milk samples from the dairy. Available isolates from patient stool (n = 1), bulk tank milk (n = 1), and retail milk (n = 1) were identified by CDC as *Campylobacter jejuni* and were indistinguishable by pulsed-field gel electrophoresis (PFGE). Although the dairy has consistently adhered to PDA requirements for raw milk dairies and conducted milk coliform and somatic cell testing more frequently than required, this was not the 1st outbreak associated with this dairy. During January-February 2012, the dairy was identified as the source of a multistate outbreak of campylobacteriosis (1). That outbreak was the largest raw milk-associated outbreak in Pennsylvania in the past 2 decades, with 148 associated cases identified. PFGE patterns from the *C. jejuni* strains isolated during the 2012 and 2013 outbreaks differed, consistent with the diversity of *C. jejuni* isolated from cattle on dairy farms (2). PDA also identified *Campylobacter* in bulk tank milk obtained from the dairy during January 2011; no associated human infections were reported. Repeat outbreaks from raw milk producers are not uncommon and not limited to *Campylobacter*. During 2005-2013, Pennsylvania experienced 17 salmonellosis and campylobacteriosis outbreaks associated with retail raw milk; 5 producers had more than one outbreak during that period. Bacterial contamination of raw milk can occur even under optimal conditions; seasonal changes in bovine bacterial shedding or inadequate quality control during milk collection might contribute to outbreak recurrence (2). Findings here and elsewhere indicate that compliance with state regulations and increased producer awareness after an outbreak are insufficient to prevent future outbreaks (3). Public health officials should be vigilant for outbreaks from previously implicated dairies, and public education should stress that avoiding consumption is the most effective way to prevent illness from raw milk products. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (USA): 28 August 2013, A 6th person, this time from Texas, has been sickened with the strain of *Listeria monocytogenes* linked to Crave Brothers Farmstead Cheese, LLC. The Centers for Disease Control and Prevention (CDC) announced Thursday [22 Aug 2013] that a 6th person has been infected in the outbreak. The number of ill persons identified includes 2 from Minnesota, and one each from Illinois, Indiana, Ohio and now one from Texas. One of the 2 Minnesota victims died, and another person sickened was a pregnant woman, whose illness resulted in a miscarriage. All 6 ill persons were hospitalized. On 3 Jul 2013, the Waterloo-based company recalled 3 varieties of soft cheese, including its Les Freres, Petit Frere, and Petit Frere with Truffles, made on 1 Jul 2013 or earlier due to possible *L. monocytogenes* contamination. The products were distributed nationwide. According to the CDC, a collaborative investigation is being conducted by local and state public health and regulatory agencies. The U.S. Food and Drug Administration indicates that Les Freres, Petit Frere, and Petit Frere with Truffles cheeses are the likely source of the outbreak. Information about specific cheeses consumed is available for 5 of the 6 ill persons. Of those, all 5 either definitely or probably ate Les Freres cheese made by Crave Brothers before getting sick, according to the CDC. Among persons for whom information is available, dates that illnesses were diagnosed range from 20 May to 7 Jul 2013. Ill persons range in age from 30 to 67 years, with a median age of 55 years, and 83 percent are female, according to the CDC. Clinical specimens that were collected after 10 Aug 2013 might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. It takes an average of 2-3 weeks. Public health investigators used DNA "fingerprints" of *Listeria* bacteria obtained through diagnostic testing with pulse-field gel electrophoresis to identify cases of illness that may be part of the outbreak. The DNA fingerprint of the outbreak strain is typically associated with about 14 cases per year, even in the absence of a recognized outbreak, according to the CDC website. Between 2-10 Jul 2013, the FDA conducted an inspection at the firm's processing facility in cooperation with the Wisconsin Department of Agriculture. During that inspection, the FDA collected a sample of Petit Frere with Truffles that was found to contain *Listeria monocytogenes* with the same DNA fingerprint as the outbreak strain, the CDC reported. Crave Brothers cheese stopped production, and the FDA and the Wisconsin Department of Agriculture are monitoring corrective action being made by the firm. About 800 laboratory-confirmed cases of listeriosis are reported each year in the United States, and typically 3 or 4 outbreaks are identified and reported to the CDC annually. The organism can cause serious and sometimes fatal infections in young children, frail or elderly people, and others with weakened immune

systems. Crave Brothers Farmstead Cheese did not provide a comment on the one new outbreak. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CRYPTOSPORIDIOSIS (IOWA): 26 August 2013, In a follow up to a story earlier this month [August 2013], the cryptosporidium outbreak in Iowa continues to climb, with 528 probable and confirmed cases reported since 1 Jun 2013. This is up from the last update on 14 Aug 2013, which revealed 399 probable and confirmed cases since June 2013. Polk County tops the 59 counties reporting cases of the parasitical disease, with 216 cases. The Iowa Department of Public Health is reporting that, year-to-date in 2013, 615 cases (confirmed and probable) of cryptosporidiosis have been reported in Iowa. The Centers for Disease Control and Prevention (CDC) says that cryptosporidium is a microscopic parasite that causes the diarrheal disease cryptosporidiosis. Both the parasite and the disease are commonly known as "crypto." There are many species of cryptosporidium that infect humans and animals. The parasite is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it very resistant to chlorine disinfection. While this parasite can be spread in several different ways, water (drinking water and recreational water) is the most common method of transmission. Cryptosporidium is one of the most frequent causes of waterborne disease among humans in the United States. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (TURKEY): 25 August 2013, A father suffered *E. coli* infection on a Thomas Cook family holiday at a 5-star Turkish hotel where hundreds of British tourists fell ill. Guests at the all-inclusive Sentido Perissia Hotel in Side have been confined to their rooms because of a mass outbreak of sickness. The father, who was on holiday with his wife and 2 two children, had tests after returning to Britain which revealed he had contracted the *E. coli* infection. Thomas Cook said there has been an outbreak of norovirus at the hotel and that the food and hygiene standards are not to blame. The holiday company has suspended holidays at the resort after guests fell ill. It is also claimed that another guest had been infected by Giardia, a parasite that has been found in the water. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 26 August 2013, In the Rostov region 38 cases of Crimean-Congo hemorrhagic fever (CCHF) have been recorded, 2 of whom have died. According to the Rostov-on-Don Rospotrebnadzor [Federal Service for Consumer Protection and Human Welfare], the victims were residents of the Peschanokopsky and Kagalnitsky areas and had been exposed to ixodid ticks. The cases of [of CCHF] infection were recorded in 17 localities in the region. It is worth noting that the ticks are vectors not only of Crimean-Congo haemorrhagic fever, but also of other dangerous diseases. There have been 4 cases of Lyme disease in the Donetsk region, as well as 3 cases of leptospirosis, and 4 cases of West Nile fever [not normally a tick-transmitted disease?]. In total about 6344 individuals in the region have been treated for tick bits, which is 26 percent higher than last year's [2012] total. Rostov epidemiologists remind the population that ticks are a hazard for all the region's communities. The symptoms of possible exposure to tick-transmitted diseases are fever, fatigue, sensation of tension in the muscles, especially in the calf, and headache. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LEPTOSPIROSIS (PHILIPPINES): 26 August 2013, The Department of Health-National Capital Region (DOH-NCR) fast tracks its report on cases of leptospirosis. DOH-NCR Regional Director Eduardo C Janairo has directed public and private hospitals in Metro Manila to immediately submit to them reports on registered cases of the disease. Earlier, Health Secretary Enrique T Ona directed DOH-NCR to closely monitor cases of the disease since its number of cases peaked 5 days after the occurrence of continuous heavy rains and flash flooding. "We must prevent the occurrence of an outbreak of this deadly disease that is why reporting of suspected cases is a must. Health and safety of everyone in the region should be paramount and every health worker is enjoined to do their part in reporting cases," Ona said. Janairo disclosed that most hospitals have already begun submitting reports as they immediately organized and directed surveillance officers of the different hospitals to make a real-time report and directly submit it to the regional office in preparation for necessary logistics and manpower in case an epidemic occurs in Metro Manila. "With immediate information at hand, we can instantly send logistic and manpower support to further avert any health contingencies that may occur within the region," Janairo added. Based on DOH-NCR's Regional Epidemiology Surveillance Unit (RESU), a total of 145 leptospirosis cases were reported from 1 Jan to 17 Aug 2013. The figure is 78 percent lower compared to the same period last year [2012], with 655 cases. Ages of cases ranged from 1 to 82 years old, wherein males were mostly affected with 81 percent, and most of the cases were from the City of Manila. There were also deaths reported. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (NEW ZEALAND): 31 August 2013, The presence of *Clostridium sporogenes* in milk formula is probably not unusual. In a study in the USA published in the Journal of Pediatrics in 2010, clostridial spores were found in 7 of 9 market-purchased pediatric infant formula samples. *Clostridium sporogenes* was isolated most frequently, followed by *Clostridium butyricuI*. Tests for clostridia are not included in the routine microbiological testing of milk powder. It is likely that many cases of *Clostridium sporogenes* in milk powder will be identified if we look for it hard enough. As pointed out in the previous posting, *C. sporogenes* cannot be distinguished from *C. botulinum* without a test to detect production of the toxin. Both species give the same positive biochemical tests results. Commercial kits such as BioMirieux's API 20A will identify these organisms as *C. botulinum/sporogenes* with a remark of "highly pathogenic organism." It is not clear which identification tests had been performed when Fonterra in New Zealand alerted its customers about the potential contamination. Botulism associated with milk or milk products is very rare, and organisms identified biochemically as *Clostridium botulinum/ sporogenes* during routine testing of such products, in the absence of any reported case of disease, are probably best considered to be *Clostridium sporogenes* until proven otherwise to avoid causing an unnecessary panic. Conversely, if such organisms are identified in any food item linked to a suspected clinical case of botulism, and even more so in an outbreak, it is better to err on the side of caution and consider them as presumptive *Clostridium botulinum* until proven otherwise. When a microbiological test is known not to be discriminatory enough, it is important to take into account the clinical and epidemiological context. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (ITALY): 28 August 2013, Hemolytic uremic syndrome (HUS) cases in Pugia have risen to 16, and authorities say: "We do not exclude water from being the cause" for the cases all throughout the region. The last case occurred last Monday [19 Aug 2013] evening, in the lower Salento; the 1st, in San Marco in Lamis, in Foggiano. HUS is affecting Puglia from north to south, especially affecting children. The 16 cases have been recorded since 4 Jun 2013, 14 children aged 10 to 36 months, a 15-year-old boy, and an adult. Seven young patients have already recovered, 3 are on dialysis but not in danger of death. From information collected through statements by the parents, children affected by HUS had eaten fruit (watermelon in particular), dairy products, and salad. Perhaps the source was well water drawn for irrigation of cultivated fields, but [investigations] are still in progress. The origin and means of spread of the disease are still unclear; the only thing left is to follow a few basic rules: wash hands and utensils after contact with food, avoid consumption of undercooked meat (especially ground or carpaccio), and do not consume milk that is not pasteurized. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (CANADA): 27 August 2013, Fans of the novelty pastry can rejoice. It was not their beloved cronut (nor its Canadian knockoff) that made hundreds of people sick last week at a national fair in downtown Toronto. The culprit was much more appropriate, given the setting. Which is to say: It was the maple bacon jam. According to Dr. David McKeown, Toronto's medical officer of health, lab results indicate that the jam used as a glaze on top of the cronut burger, "is the cause of foodborne illness at the Canadian National Exhibition." (Initial test results on Fri 23 Aug 2013 blamed the *Staphylococcus aureus* [entero]toxin for a rash of food poisoning that caused vomiting, diarrhea and stomach pain among the fairgoers; in total, 223 people reported feeling ill.) Epic Burgers and Waffles, the booth that served the cronut burger, has since reopened on the fairgrounds, with one very obvious item missing from its menu. (The cronut burger was actually a combination effort between Epic and a bakery in Toronto's Queen West district, Le Dolci, which has been Toronto's go-to source for imitation cronuts. Le Dolci supplied both the jam and the cronuts. Epic took care of the meat.) Epic Burgers moved to distance itself from the cronut burger-inspired ire with a sternly-worded Facebook statement that explained the eatery's owners have "decided to remove the Cronut Burger from our menu, and we will no longer do business with the aforementioned supplier." As for Le Dolci, it is no longer serving the jam and has scrubbed any mention of its imitation cronuts from its website. Global's Jonathan Proskow reports Canadian public health officials just announced the bakery has voluntarily closed pending an investigation. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Zachary Faigen, MSPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: Zachary.Faigen@maryland.gov

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: Anikah.Salim@maryland.gov

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov